## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

X Declaration
Submitted with
Initial Filing

or

Declaration
Submitted after Initial
Filing (surcharge (37
CFR 1.16(e)) required)

(						
Attorney Docket Number	1544.003					
First Named Inventor	Khoja, et al.					
COMPLETE IF KNOWN						
Application Number	N/A					
Filing Date	Herewith					
Group Art Unit	N/A					
Examiner Name	N/A					

As a below named inventor, I hereby	declare that:							
My residence, post office address, and c	itizenship are as stated bel	ow next to my name.						
I believe I am the original, first and sole are listed below) of the subject matter w					olural names			
Isolated VSHK-1 Receptor Polypeptides	and Methods of Use The	reof / OIT &						
the specification of which:		MAR 0 7 200	)C5(					
X is attached hereto		13						
OR was filed on as Uni	ted States Application Nu	mhar ar Davidemarnational	Saliantian Num	-l-au and	· · ·			
on (if applicable).	ted States Application 14a	moer of PC Triangle Mayor	Аррисацон мил	nber and	was amended			
I hereby state that I have reviewed and u any amendment specifically referred to a		the above-identified specif	fication, including	the claims, as a	amended by			
I acknowledge the duty to disclose infor	mation which is material t	o patentability as defined l	by 37 CFR 1.56.					
Insofar as the subject matter of each of the application in the manner provided by the material to patentability as defined in 37 national or PCT international filing date	ne first paragraph of 35 U.: 7 CFR 1.56 which became	S.C. 112, Lacknowledge th	ne duty to disclose	information w	hich is			
I hereby claim foreign priority benefits a certificate, or 365(a) of any PCT internal listed below and have also identified bel application(s) having a filing date before	tional application which dow any foreign application	esignating at least one coun(s) for patent or inventor!	ntry other than the s certificate or any	e United States	of America,			
Prior Foreign Application Country Foreign Filing Date Priority Certified Copy Atta								
Number(s)		(MM/DD/YYYY)	Not Claimed	YES	NO			
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:				<del></del>				
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I hereby claim the benefit under 35 U.S.	C. 119(e) of any United St	tates provisional application	on(s) listed below.					
Application Num	F	Filing Date (MM/DD/YYYY)						
60/107,112				11/04/1998				
60/114,856			11/04/199	98				
00/117,050			11/04/199 01/06/199					
00/117,030								
00/114,030								

U.S. Parent A	pplication or PCT Parent Number		t Filing Date (DD/YYYY)	Parent Patent Number (if applicable)				
	DIRECT ALL	CORRESPON	DENCE TO:	I				
Name								
Address	Chiron Corporation, Intellectual PropertyR440							
Address	PO Box 8097							
City, State, Zip	Emeryville, California 94662-8097			****				
Country	U.S.A.	Telephone	650-327-3400	Facsimile	650-327-3231			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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